Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

CLAIM'S A			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALLENTITY		
TOTAL CLAIMS			16		# E		ſ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE		OR	BASIG FEE	CONTRACT TO THE PARTY OF THE PARTY.
TOTAL CHARGEABLE CLAIMS			1 ψ minus 20= *		*	*		X\$ 9=		OR	X\$18≌#	
INDEPENDENT CLAIMS			3 minus 3 = *					X42=		OR	X84≅	
М∪	LTIPLE DEPEN	IDENT CLAIM P	RĚSENT				}		,	1 1	787	
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	l	+140=		OR	+280=	
								TOTAL	<u> </u>	OR	OTHER	THAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
16 - 16 - 16 - 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18							. [	TOTAL		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE		OR	ADDIT, FEE	
AMENDMENT B		CLAIMS		HIGH			1 г		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE	*	RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	·	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						[	+140=			+280=	
, 14 , 14 , 1							Ĺ	TOTAL		OR	TOTAL	
*							,	ADDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS	<u> </u>	(Colur		(Column 3)	1 -			n de la		
AMENDMENT C		REMAINING AFTER AMENDMENT	19 20 21	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		÷	1	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	]	X42=	<u> </u>		X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEPENDENT (		CLAIM	IM 🔲				OR	7,977	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= TOTAL		OR	+280=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
	The "Highest Nur	mber Previously Pa	id For" (Total o	r Independ	ent) is the	highest number	er fou	nd in the app	oropriate bo	x in col	umn 1.	